Improving Timeliness of Radiation Simulations by Increasing Insurance Authorization Accuracy

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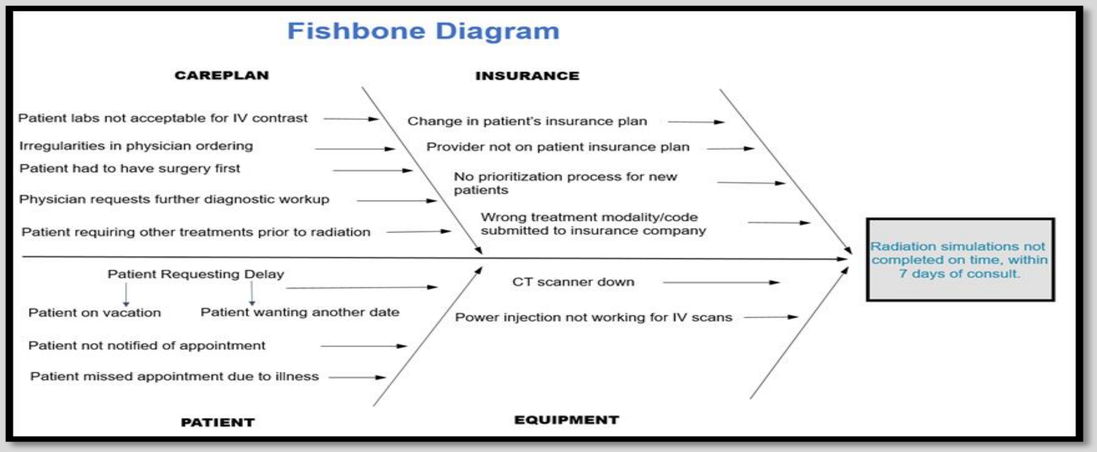
INTRODUCTION

Baylor Scott and White Medical Waxahachie Cancer Center observed that patients were complaining about delays in simulation scheduling over the summer of 2019.

- Only 50% of radiation simulations were completed within 7 days of consult in April 2019.. A multi-professional team was pulled together consisting of Oncologists, Radiation Therapists, Access Services, Nurses, and Medical Assistants to identify issues impacting delays in simulation appointments and to implement process improvements.
- Radiation therapy is the choice of treatment for more than half of cancer patients (The American Cancer Society, 2020). The initial step to radiation therapy after consultation is simulation.
- During simulation, the radiation oncologist maps out the area to be treated using a Computerized Tomography (CT) simulator.

UNDERSTAND THE PROBLEM

A fishbone diagram was created with the team to determine the various reasons of why “radiation Simulation not completed on time, within 7 days of consult”.



A Gap Analysis revealed insurance authorizations had the largest gap. A Root Cause Analysis was conducted to determine “why” insurance was contributing to the simulation delays.

Graphical Display of Issues & Root Causes

Change in Patients Insurance plan	Provider not on patient insurance	Prioritization Process for New Patients	Treatment Modality/Code Submitted to Insurance
Patients not communicating changes in insurance plan which caused a delay	Negotiated insurance contracts do not include Radiation Oncologist	No process in place	Existing workflow for access service was to pre-authorize highest paid modality for breast patients. This resulted in a lot of re-work and treatment delays
• Patients not educated to communicate when they change insurance • There is no process for access services to let the patient know if insurance changes between scheduled appointment and simulation	• Radiation Oncologist's home department is CTX	• Unaware that Access Services workload of cases to authorize impacted simulation timeliness • There was no indicator in Access Services work que to identify new simulation patients	• Team member unaware of which treatment modality to request for breast cases • Not understanding verbiage • Change in Access Services staff • No established work flow

GOAL

Improve radiation simulation within 7 days of consult, from 50% in August 2019 to 80% by March 2020

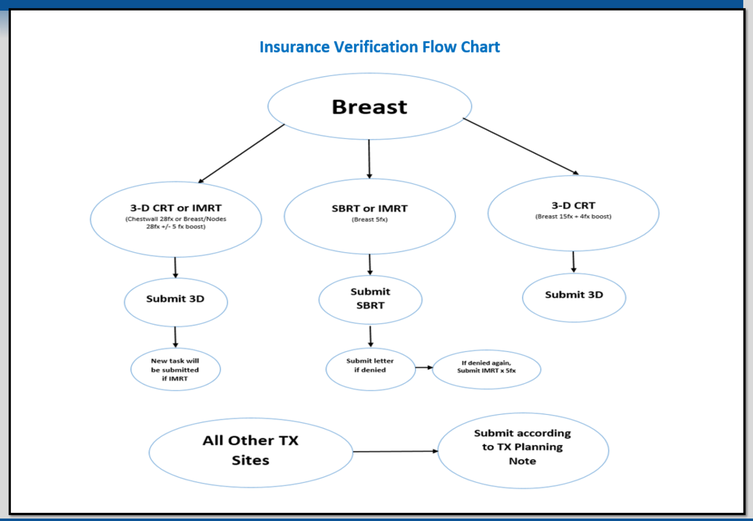
IMPLEMENTED CHANGES

Implemented change 1: Initially requesting 3D instead of IMRT(more complex and expensive) improved insurance authorization accuracy and reduced waiting time for simulation.

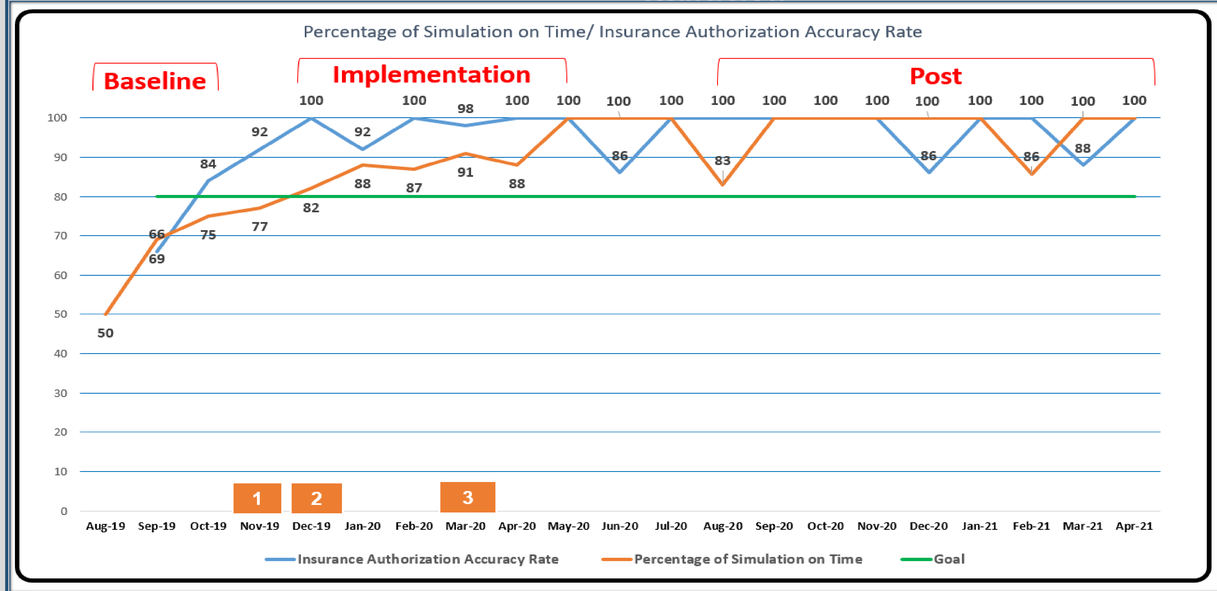
Implemented change 2: Prioritizing simulation tasks in the workque

- The Radiation Team created a task named “Priority Insurance Verification” that alerted the IVT to work this task first to expedite scheduling the patient for simulation.

Implemented change 3: Use of a new insurance verification flow chart created for IVT to aid in deciphering the physician's treatment intent, and what to authorize



RESULTS



1. Started requesting 3D instead of Intensity-modulated radiation therapy (IMRT)
2. Prioritized simulation tasks in the work-que by making it past due
3. Started utilizing Insurance verification flow chart

CONCLUSION

Requesting authorization for 3D radiation on all breast cancer patients, implementing a more detailed Insurance Verification Flowchart and prioritizing insurance authorization task for Access Services resulted in 100% of patients in April 2021 receiving their radiation simulation within 7 days of consult from 50% in August 2019.

CONTACT INFORMATION

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